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MARTIN & FERRARO, LLP
ATTORNEYS AT LAW
1557 Lake O'Pines Street, NE
Hartville, Ohio 44632Telephone
(330) 877-0700Facsimile
(330) 877-2030

FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Group Art Unit 3731/Examiner Uyen Ho

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 09/626,636

Gary Karlin Michelson

Filed: July 27, 2000

A GUARD FOR USE IN PERFORMING
HUMAN INTERBODY SPINAL SURGERY

Attorney Docket No. 102.0003-04000

Customer No. 22882

Confirmation No. 6124

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 330-877-2277

No. of Pages (including this): 27

Date: March 27, 2007

Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on March 27, 2007.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 102.0003-04000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson, M.D.

Serial No: 09/626,636

Filed: July 27, 2000

For: A GUARD FOR USE IN PERFORMING
HUMAN INTERBODY SPINAL SURGERY

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Art Unit: 3731

Examiner: Uyen Ho

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MAR 27 2007Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in response to the Office Action dated February 12, 2007 in the above-identified application.

☒ No additional fee is required.☐ Applicant hereby requests a ***-month extension of time to respond to the above Office Action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	169	-	171 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	6	-	6 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A fee in the total amount of \$*** to the cover the above fees is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: March 27, 2007

By: 

Thomas H. Martin

Registration No. 34,383

1557 Lake O'Pines Street, NE
Hartville, Ohio 44632
Telephone: 330-877-0700
Facsimile: 330-877-2030

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TOTAL CLAIMS FEE	169	-	171	**	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	6	-	6	***	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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PERFORMING HUMAN)	
INTERBODY SPINAL SURGERY)	

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Office Action dated February 12, 2007, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 20 of this paper.

Amendment 3-27-07.doc